



Sen. Donne E. Trotter

**Filed: 5/16/2005**

09400HB0612sam002

LRB094 06692 RXD 46653 a

1 AMENDMENT TO HOUSE BILL 612

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 612 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the  
5 Illinois Family Case Management Act.

6 Section 5. Legislative findings and purpose. The General  
7 Assembly finds as follows:

8 (1) The statewide rate of infant mortality continues to  
9 remain at an unacceptable level in regard to the national  
10 average.

11 (2) Within the State of Illinois, certain areas and  
12 populations continue to experience rates of infant  
13 mortality far greater than either the statewide or national  
14 averages. Prevention activities need to be statewide for  
15 maximum benefit.

16 (3) Family case management services are proven to be  
17 effective in improving the health of women and infants and  
18 lowering the incidence of infant morbidity and mortality,  
19 particularly those individuals linked to the Special  
20 Supplemental Nutrition Program for Women, Infants and  
21 Children (WIC).

22 (4) Family case management improves the health and  
23 development of children and families by providing the  
24 earliest identification of their needs and promoting

1 linkages to address those needs.

2 (5) Data demonstrates significantly lower Medicaid  
3 expenditures for pregnant and postpartum women and  
4 children who have been enrolled in family case management  
5 and WIC services than for Medicaid-eligible persons not  
6 receiving case management services.

7 Therefore, as a critical component in delivering  
8 comprehensive maternal and child health services in Illinois,  
9 it is the purpose of this Act to provide for the establishment  
10 and recognition of a program of family case management to  
11 ensure and provide statewide wrap-around services targeted  
12 toward reducing the incidence of infant mortality, very low  
13 birthweight infants, and low birthweight infants within the  
14 State.

15 Section 10. Definitions. In this Act:

16 "Department" means the Illinois Department of Human  
17 Services.

18 "Eligible participant" means: (i) subject to available  
19 appropriations, any pregnant woman or child through the age of  
20 one year enrolled in the Medicaid program on the effective date  
21 of this Act or whose income is up to 200% of the federal  
22 poverty level; and (ii) subject to additional appropriations,  
23 any child through the age of 4 years enrolled in Medicaid or  
24 whose income is up to 200% of the federal poverty level.

25 "Family Case Management program" or "program" means the  
26 program established under Section 15 of this Act.

27 "Infant mortality rate" means the number of infant deaths  
28 per 1,000 live births as reported on a calendar year basis by  
29 the federal Department of Health and Human Services.

30 "Secretary" means the Secretary of Human Services.

31 "Targeted Intensive Case Management" means services  
32 provided to any program-eligible pregnant woman or infant  
33 through the age of one, where an assessment has been performed

1 that deems the participant at greater risk for infant mortality  
2 or morbidity.

3 Section 15. Family Case Management Program. The Department  
4 shall establish and administer a family case management  
5 program. The purposes of the program shall be to reduce the  
6 incidence of infant mortality, very low birthweight infants,  
7 and low birthweight infants and to assist low-income families  
8 to obtain available health and human services needed for  
9 healthy growth and development, including but not limited to  
10 prenatal care, early periodic screening, diagnosis, and  
11 treatment (EPSDT) services, immunizations, lead screenings,  
12 nutritional support, and other specialized services for  
13 families with additional challenges and needs. Under the  
14 program, case management shall involve individualized  
15 assessment of needs, planning of services, referral,  
16 monitoring, and advocacy to assist a client in gaining access  
17 to appropriate services. Under the program, case management  
18 shall be an active and collaborative process involving a  
19 qualified case manager, the client, the client's family, and  
20 service providers in the community. Priority shall be given to  
21 ensure that Targeted Intensive Case Management, as defined in  
22 this Act, is available to each qualified participant as defined  
23 within the Department's rules and program standards.

24 Section 20. Maternal and Child Health Advisory Board.

25 (a) The Maternal and Child Health Advisory Board ("the  
26 Board") is created within the Department to advise the  
27 Department on the implementation of this Act, including  
28 assessments and advice regarding rate structure, and other  
29 activities related to maternal and child health and infant  
30 mortality reduction programs in the State of Illinois. The  
31 Board shall consist of the Secretary of Human Services (or his  
32 or her designee), who shall serve as chairman, and one

1 additional representative of the Department of Human Services  
2 designated by the Secretary who has direct responsibility with  
3 the family case management program; one representative each  
4 from the Departments of Children and Family Services, Public  
5 Health, and Public Aid; and 4 members of the Illinois General  
6 Assembly, one each appointed by the President and Minority  
7 Leader of the Senate and the Speaker and Minority Leader of the  
8 House of Representatives. In addition, the Governor shall  
9 appoint 20 additional members of the Board. Of the members  
10 appointed by the Governor, 2 shall be physicians licensed to  
11 practice medicine in all of its branches who currently serve  
12 patients enrolled in the family case management program, one of  
13 whom shall be an individual with a specialty in obstetrics and  
14 gynecology and one of whom shall be an individual with a  
15 specialty in pediatric medicine; 5 representatives, one each  
16 from certified local health departments within the 5 counties  
17 with the largest number of family case management enrollees; 5  
18 representatives from certified local health departments  
19 outside the Chicago metropolitan and collar counties areas that  
20 shall include a balance of urban and rural health departments;  
21 a registered professional nurse serving as a public health  
22 nurse within a certified local health department; 5 individuals  
23 representing community-based programs currently providing  
24 family case management services within Cook County that are not  
25 certified local health departments; and 2 consumers who are  
26 receiving or have received family case management services.

27 Legislative members shall serve during their term of office  
28 in the Illinois General Assembly. Members appointed by the  
29 Governor shall serve a term of 3 years or until their  
30 successors are appointed. Any member appointed to fill a  
31 vacancy occurring prior to the expiration of the term for which  
32 his or her predecessor was appointed shall be appointed for the  
33 remainder of such term. Members of the Board shall serve  
34 without compensation but shall be reimbursed for necessary

1 expenses incurred in the performance of their duties.

2 (b) The Board shall advise the Secretary on efforts related  
3 to maternal and child health programs, including infant  
4 mortality reduction, in the State of Illinois. In addition, the  
5 Board shall review and make recommendations to the Department  
6 and the Governor in regard to the system for maternal and child  
7 health programs, collaboration, and interrelation between and  
8 delivery of programs, including but not limited to Family Case  
9 Management, Targeted Intensive Prenatal Case Management, the  
10 Special Supplemental Nutrition Program for Women, Infants and  
11 Children (WIC), and HealthWorks, and the adequacy of family  
12 case management funding and reimbursement levels. In  
13 performing its duties, the Board may hold hearings throughout  
14 the State and advise and receive advice from any local advisory  
15 bodies created to address the infant mortality problem.

16 (c) The Board shall report to the General Assembly, on  
17 January 1 of each year, a listing of activities taken in regard  
18 to this Act, other efforts to address maternal and child health  
19 and infant mortality in Illinois, and proposed recommendations  
20 regarding funding and reimbursement levels to adequately  
21 support the family case management program.

22 Section 25. Rules. Within one year after the effective date  
23 of this Act, the Department shall adopt rules to implement this  
24 Act. In developing the rules, the Department shall consult with  
25 the Maternal and Child Health Advisory Board.

26 (410 ILCS 220/Act rep.)

27 Section 90. The Infant Mortality Reduction Act is repealed.

28 Section 95. The Prenatal and Newborn Care Act is amended by  
29 changing Section 7 as follows:

30 (410 ILCS 225/7) (from Ch. 111 1/2, par. 7027)

1           Sec. 7. Advisory board consultation. The Department shall  
2 consult with the Maternal and Child Health Advisory Board  
3 created under the Illinois Family Case Management Act ~~the~~  
4 ~~Infant Mortality Reduction Advisory Board,~~ established  
5 ~~pursuant to the Infant Mortality Reduction Act, as amended,~~  
6 regarding the implementation of this program. In addition, the  
7 Board shall advise the Department on the coordination of  
8 services provided under this program with services provided  
9 under the Illinois Family Case Management Act ~~Infant Mortality~~  
10 ~~Reduction Act~~ and the Problem Pregnancy Health Services and  
11 Care Act.

12           (Source: P.A. 86-860.)

13           Section 99. Effective date. This Act takes effect upon  
14 becoming law.".